

Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD T. KENNEDY	COURT CASE NUMBER 5.18-CV-00214-JLS
DEFENDANT EQUIFAX, INC., ET AL.,	TYPE OF PROCESS Service of Process

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

STEVEN CRAIG LEMASTERS, CEO AMERICAN BANKERS INSURANCE COMPANY OF AMERICA

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

111222 QUAIL ROOST DRIVE, MIAMI, FL 33157

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD T. KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031Number of process to be
served with this Form 285

3 *

Number of parties to be
served in this case

8

Check for service
on U S ASPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint
** in his official and individual capacity.**FILED**

AUG - 2 2018

Fold

KATE BARKMAN, Clerk
By _____ Dep. Clerk

Signature of Attorney other Originator requesting service on behalf of

E. T. Kennedy

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

June 5, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 66	District to Serve 004	Signature of Authorized USMS Deputy or Clerk M. Helmsky	Date 6/21/18
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
7-11-18 Time
1:35 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee 8.00	Total Charges	Advance Deposits	Amount owed to U S. Marshal* or (Amount of Refund*)
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REMARKS 07-11-18 - per Tracey Cohen - Steven Lemasters no longer with Company - about 2 yrs. - no forwarding information

PRINT 5 COPIES:

- 1 CLERK OF THE COURT
- 2 USMS RECORD
- 3 NOTICE OF SERVICE
- 4 BILLING STATEMENT* To be returned to the U S. Marshal with payment, if any amount is owed. Please remit promptly payable to U S. Marshal
- 5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev 12/15/80
Automated 01/00